

2911

422

## PLACE OF DEATH

## ARIZONA STATE BOARD OF HEALTH

County Graham  
 District Maricopa  
 Town Phoenix  
 Or City Phoenix

BUREAU OF VITAL STATISTICS

State Index No. 100

## ORIGINAL CERTIFICATE OF DEATH

County Registered No. 58Local Registrar's No. 53

No. \_\_\_\_\_ St. \_\_\_\_\_  
 (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

## FULL NAME

Bernice E. Raymond

## PERSONAL AND STATISTICAL PARTICULARS

SEX Female Color or Race White Indian Black Chinese Mexican  
 SINGLE Married MARRIED Widowed or DIVORCED  
 DATE OF BIRTH 10 - 1 - 1887  
 (Month) (Day) (Year)

AGE 60 yrs. 20 mos. 20 days If less than 1 day \_\_\_\_\_  
 hrs., or \_\_\_\_\_ min.

OCCUPATION  
 (a) Trade, profession or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed or (employer) \_\_\_\_\_

BIRTHPLACE (State or country) Utah

NAME OF FATHER Edith Dodge

BIRTHPLACE OF FATHER (State or country) Utah

MAIDEN NAME OF MOTHER Lavinia Bond

BIRTHPLACE OF MOTHER (State or country) Pa.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. H. H. H.

(Address) \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Phoenix

DATE OF BURIAL OR REMOVAL 10/31 - 1917

UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 10 - 24 - 1917  
 (Month) (Day) (Year)

I hereby certify, that I attended deceased from \_\_\_\_\_  
 1917 to \_\_\_\_\_ 1917; that I last saw him alive  
 on \_\_\_\_\_ 1917, and that death occurred on the date  
 stated above at 6:00 M. The DISEASE or INJURY causing  
 death was as follows: Softening of the brain

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

Was disease contracted in Arizona? Yes

If not, where? \_\_\_\_\_

CONTRIBUTORY \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days

(Signed) \_\_\_\_\_

\_\_\_\_\_ 1917 (Address) \_\_\_\_\_

\*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 LENGTH OF RESIDENCE \_\_\_\_\_

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In Arizona \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Former or Usual Residence Phoenix

Filed 10/31 - 1917 W. V. Thorpe

Local Registrar

Filed 11/8 - 1917 J. N. H. H.

County Registrar

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.